



Blue Cross  
Blue Shield  
of Michigan

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## Blue Vision<sup>SM</sup> VSP Choice Network Benefits-at-a-Glance

### Township of Waterford- Plan 2

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten or any other plan documents your group uses, if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Blue Vision benefits are provided by Vision Service Plan (VSP), the largest provider of vision care in the nation. VSP is an independent company providing vision benefit services for Blues members. To find a VSP doctor, call **1-800-877-7195** or log on to the VSP Web site at [vsp.com](http://vsp.com).

**Note:** Members may choose between prescription glasses (lenses and frame) **or** contact lenses, but not both.

#### VSP network doctor

#### Non-VSP provider

##### Member's responsibility (copays)

Eye exam	No copay	None
Prescription glasses (lenses and/or frames)	No copay	Member responsible for difference between approved amount and provider's charge.
Medically necessary contact lenses	No copay	Member responsible for difference between approved amount and provider's charge.

##### Eye exam

Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	100% of approved amount (no copay)	Reimbursement up to \$34 (no copay) – (member responsible for any difference)
One eye exam in any period of 12 consecutive months		

##### Lenses and frames

Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or ground, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary. <b>Note:</b> Discounts on additional prescription glasses and savings on lens extras when obtained from a VSP doctor.	No copay	Reimbursement up to approved amount based on lens type (member responsible for any difference)  One pair of lenses, with or without frames, in any period of 12 consecutive months
Standard frames <b>Note:</b> All VSP network doctor locations are required to stock at least 100 different frames within the frame allowance.	\$100 allowance that is applied toward frames (member responsible for any cost exceeding the allowance)	Reimbursement up to \$38.25 (member responsible for any difference)  One frame in any period of 12 consecutive months

##### Contact lenses

Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary)	No copay	Reimbursement up to \$210 (member responsible for any difference)  One pair of contact lenses in any period of 12 consecutive months
Elective contact lenses that improve vision (prescribed, but do <b>not</b> meet criteria of medically necessary)	\$100 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)	\$100 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)  One pair of contact lenses in any period of 12 consecutive months